



CERVICAL CANCER SCREENING WEEKLY REPORT: Key Observations (As of March 4, 2025)

Insights into Regular and Special Campaign Analysis

Analysis of the **Regular** Campaign and **Special** Campaign based on the provided dataset, focusing on the plan (expected screenings), achievements (total done), and remaining targets for each health center or site. The analysis includes overall completion rates, identification of top and low performers, and insights into progress and gaps.

1. EXECUTIVE SUMMARY

This report presents a **detailed analysis** of the weekly cervical cancer screening campaign, comparing the performance of the **Regular Campaign** and **Special Campaign** based on revised expected target. The objective is to assess effectiveness, identify gaps, and recommend strategic improvements.

□ Key Findings:

- The Special Campaign achieved a significantly higher screening completion rate (61.5%) compared to the Regular Campaign (36.4%).
- The Regular Campaign had a larger target (7,800 screenings), leaving 4,959 women unscreened.
- Some health centers demonstrated strong performance, while others struggled due to low participation, resource constraints, and accessibility issues.

This report provides key insights and actionable recommendations to enhance future cervical cancer screening efforts.

2. OVERVIEW OF CAMPAIGNS

Regular Campaign: Covers 18 health centers with varying expected screening targets (ranging from 353 to 512 per center). This campaign appears to target a general population.

Special Campaign: Involves 12 health centers with specific high-risk groups (e.g., garment workers, sex workers, safety net beneficiaries). Expected screenings range from 214 to 428 per center.

3. CRITICAL ANALYSIS ON REGULAR CAMPAIGN

Overview

The regular campaign aims to screen for cervical cancer across various health centers. The revised data provides updated figures on tests conducted, positive results, and other metrics.

Key Metrics

1. Total Expected Tests:

- Planned: **7,800**
- Completed: **2,841 (36.4%)**
- Remaining: **4,959 (63.6%)**

Observation: Only about one-third of the planned tests have been completed, indicating a significant shortfall in achieving the target.

2. Positive Results:

- Positive only: **128**
- Suspicious: **3**
- HIV positive: **153**

- HIV+VIA positive: **11**
- STI positive: **255**
- STI+VIA positive: **3**

Observation: While the number of positive cases is relatively low compared to the total tests conducted, it highlights areas where further follow-up and treatment are required.

3. Health Center Performance:

- **Top Performers:**
 - **Woreda 12 Yeka Kotebe:** Total done = **245**
 - **Shegole HC:** Total done = **216**
 - **Tibebe Be Kechene HC:** Total done = **216**
 - **NSL W 1:** Total done = **238**

Analysis: These health centers have exceeded or nearly met their targets, showcasing strong organizational capabilities and possibly better resource allocation.

- **Low Performers:**
 - **Felege Hiwot:** Total done = **63**
 - **Meri HC:** Total done = **65**
 - **Werada 06 Betele:** Total done = **105**

Analysis: These health centers have significantly underperformed, potentially due to logistical challenges, lack of resources, or insufficient outreach efforts.

4. Challenges Identified:

- **Underperformance:** Several health centers have not conducted even half of their expected tests. For example, Felege Hiwot (63/353) and Meri HC (65/355).
 - **STI Prevalence:** A high number of STI-positive cases (**255**) suggests that sexual health education and preventive measures may need reinforcement.
 - **Remaining Tests:** With **4,959 tests remaining**, there is a pressing need to accelerate testing efforts to meet the target by the deadline.
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SWOT Analysis (...for Regular Campaign)

Strengths	Weaknesses
<p><u>Our advantages</u></p> <p><i>Strong performance from key health centers like Woreda 12 Yeka Kotebe and NSL W 1 demonstrates that the system can work effectively when properly implemented.</i></p> <p><i>Clear documentation of results allows for targeted interventions in areas with higher positivity rates.</i></p>	<p><u>Areas for improvement</u></p> <p><i>Significant gaps in test completion suggest inefficiencies in planning, resource allocation, or community engagement.</i></p> <p><i>Low-performing health centers may require additional support, training, or supervision.</i></p> <p><i>Limited focus on suspicious cases (only 3 identified) raises concerns about the sensitivity of screening methods.</i></p>
Opportunities	Threats
<p><u>Situations to apply our advantages</u></p> <p><i>Leveraging successful strategies from top-performing health centers to improve outcomes in underperforming ones.</i></p> <p><i>Enhancing community awareness campaigns to encourage more women to participate in screenings.</i></p>	<p><u>Where we are at risk</u></p> <p><i>Potential delays in completing the remaining tests could impact overall campaign success.</i></p> <p><i>High STI prevalence may indicate broader public health issues requiring comprehensive intervention.</i></p>

4. CRITICAL ANALYSIS ON SPECIAL CAMPAIGN

Overview

The special campaign focuses on specific groups such as sex workers, garment workers, safety net beneficiaries, and others. Below is an analysis based on the revised data:

Key Metrics

1. Total Expected Tests:

- Planned: **3,000**
- Completed: **1,846 (61.5%)**
- Remaining: **1,154 (38.5%)**

Observation: Similar to the regular campaign, only about 60% of the planned tests have been completed, leaving a substantial portion unaddressed.

2. Positive Results:

- Positive only: **183**
- Suspicious: **5**
- HIV positive: **92**
- HIV+VIA positive: **19**
- STI positive: **169**
- STI+VIA positive: **21**

Observation: The special campaign has identified more positive cases compared to the regular campaign, particularly in HIV and STI categories. This highlights the importance of targeting high-risk populations.

3. Health Center Performance:

- **Top Performers:**
 - **Addis Raey:** Total done = **272**
 - **Selam:** Total done = **220**
 - **Semen:** Total done = **163**
 - **Tekelahaymont:** Total done = **161**

Analysis: These health centers have successfully reached out to their target populations, likely due to tailored strategies and effective mobilization.

- **Low Performers:**
 - **Werada 7:** Total done = **5**
 - **Addis Ketema:** Total done = **33**
 - **Feres Meda:** Total done = **120**

Analysis: Extremely low participation in some health centers indicates potential barriers such as stigma, lack of awareness, or logistical issues.

4. Challenges Identified:

- **Underperformance:** Some health centers, like Werada 7 (5/214), have barely scratched the surface of their targets.
- **High Positivity Rates:** The higher number of positive cases (e.g., HIV+VIA positive = 19, STI+VIA positive = 21) underscores the vulnerability of these groups and the need for urgent action.

- **Remaining Tests:** With **1,154 tests remaining**, there is still much work to be done to fully assess the health status of the targeted populations.

SWOT Analysis (...for Special Campaign)

Strengths

Our advantages

Successful identification of high-risk individuals, especially among sex workers, garment workers, and safety net beneficiaries.
Tailored approaches for different groups (e.g., school feeding programs, CSW outreach) demonstrate strategic planning.

Weaknesses

Areas for improvement

Significant disparities in performance between health centers highlight inconsistent implementation.
High positivity rates indicate underlying systemic issues that may require broader public health interventions beyond just screening.

Opportunities

Situations to apply our advantages

Building on the success of top-performing health centers to develop scalable models for other locations.
Strengthening partnerships with organizations working with high-risk populations to enhance reach and effectiveness.

Threats

Where we are at risk

Stigma and social barriers may hinder participation in certain communities.
Delays in completing the remaining tests could undermine the campaign's overall impact.

5. PERFORMANCE ANALYSIS:

a. Best-Performing Health Centers

These health centers achieved **above 50% completion rates**, indicating effective outreach and engagement:

Regular Campaign:

- Health center with 501 expected screenings → 238 completed (47.5%)
- Health center with 512 expected screenings → 245 completed (47.9%)
- Health center with 497 expected screenings → 233 completed (46.9%)

Special Campaign:

- Hiwot Amba (209 out of 214, 97.7% completion rate)
- Addis Raey (272 out of 328, 82.9%)
- Bolearabsa (313 out of 428, 73.1%)

□ Key Insights:

- Smaller targeted campaigns (Special Campaign) outperformed mass outreach efforts.
- Centers with better planning and engagement achieved better results.
- Regular Campaign centers struggled with awareness, logistics, or participation issues.

b. Lowest-Performing Health Centers

Centers with **less than 30% completion rates**, highlighting significant challenges:

Regular Campaign:

- Health center with 353 expected screenings → Only 63 completed (17.9%)
- Health center with 355 expected screenings → Only 65 completed (18.3%)
- Health center with 379 expected screenings → Only 94 completed (24.8%)

Special Campaign:

- Addis Ketema (33 out of 214, 15.4%)
- Wereda 7 (5 out of 214, 2.3%)
- Wereda 03 (57 out of 214, 26.6%)

⚠ Key Issues Identified:

- Lack of awareness and cultural resistance.
- Limited accessibility due to distance or transportation issues.
- Staffing shortages and equipment limitations.

6. COMPARATIVE ANALYSIS:

Screening Coverage

- **Regular Campaign:** Achieved 36.4% of the target (2,841/7,800). High performers include Woreda 12 Yeka Kotebe (47.9% done) and NSL W 1 (47.5% done), while Felege Hiwot (17.8%) and Meri HC (18.3%) lag.
- **Special Campaign:** Maintained 61.5% completion (1,846/3,000). Standouts include Hiwot Amba (97.7% done) and Addis Raey (82.9%), with Wereda 7 (2.3%) still underperforming.

Insight: The Special Campaign continues to outperform the Regular Campaign, likely due to its focused approach. The Regular Campaign's lower completion rate may reflect higher, less realistic targets in the revised data (7,800 vs. 5,400 previously).

Positivity Rates

- **Regular Campaign:** 4.5% "Positive Only" rate (128/2,841). Highest positivity at Afencho Ber (9.9% of done).
- **Special Campaign:** 9.9% positivity rate (183/1,846), with Selam reporting the highest at 19.1% (42/220).

Insight: The Special Campaign's higher positivity rate reinforces its effectiveness in targeting high-risk groups, while the Regular Campaign's rate suggests broader, less selective screening.

Disease Prevalence

- **HIV:**
 - **Regular:** 5.4% HIV-positive rate; 0.4% HIV + VIA positive.
 - **Special:** 5.0% HIV-positive rate; 1.0% HIV + VIA positive.

Insight: HIV prevalence remains comparable, but the Special Campaign detects more HIV cases with cervical abnormalities (VIA positive), reflecting its high-risk focus.

- **STI:**
 - **Regular:** 9.0% STI-positive rate; 0.1% STI + VIA positive.
 - **Special:** 9.2% STI-positive rate; 1.1% STI + VIA positive.

Insight: STI rates are similar, but the Special Campaign again shows greater overlap with cervical abnormalities, highlighting *co-infection* risks in vulnerable groups.

Operational Efficiency

Key Metrics for Efficiency

- **Completion Rate:** Total Done / Expected Screenings (expressed as a percentage).

- **Screening Output:** Total Done as a measure of throughput.
- **Detection Efficiency:** Positive cases (e.g., VIA-positive, HIV, STI) per screening completed, indicating the effectiveness of identifying at-risk individuals.

□ **Completion Rate:** Special Campaign (61.5%) vs. Regular Campaign (36.4%)

- The special campaign's focus on specific, accessible populations (e.g., sex workers, garment workers) enables faster progress compared to the broader, less targeted regular campaign.

□ **Detection Efficiency:**

- Special Campaign: Higher positivity rate (9.9% vs. 4.5%), slightly lower HIV rate (5.0% vs. 5.4%), similar STI rate (9.2% vs. 9.0%).
- The special campaign identifies more VIA-positive cases per screening, suggesting better targeting of at-risk groups.

□ **Variability:** The regular campaign shows greater inconsistency (e.g., 17.8% at *Felege Hiwot* vs. 47.9% at *Woreda 12*), while the special campaign has standout performers (e.g., 97.7% at *Hiwot Amba*) offset by extreme laggards (e.g., 2.3% at *Wereda 7*).

Insight: The Special Campaign's operational success contrasts with the Regular Campaign's challenges, possibly exacerbated by the increased screening goals in the revised data.

Factors Influencing Operational Efficiency

1. Targeting Strategy:

- High-efficiency sites (*Addis Raey*, *Hiwot Amba*) focus on defined, high-risk groups, reducing effort wasted on low-yield populations.
- Low-efficiency sites (*Wereda 7*, *Felege Hiwot*) may lack clear targeting or face logistical barriers.

2. Resource Availability:

- Centers with low completion rates likely suffer from inadequate staffing, equipment, or community mobilization, though this isn't directly quantifiable from the data.

3. Site Accessibility:

- Special campaign sites tied to schools or workplaces (*Bole-Arabsa*, *Yeka-Abado*) show higher throughput, suggesting easier access to participants compared to broader community-based regular campaign sites.

Table Highlighting the Comparative Analysis:

S. N	Metric	Regular Campaign	Special Campaign
1	Total Expected Tests	7,800	3,000

2	Tests Completed	2,841 (36.4%)	1,846 (61.5%)
3	Positive Cases	Positive only: 128	Positive only: 183
4		HIV positive: 153	HIV positive: 92
5		STI positive: 255	STI positive: 169
6	Suspicious Cases	3	5
7	STI+VIA Positive Cases	3	21
8	Top Performers	Woreda 12 Yeka Kotebe	Hiwot Amba
9	Low Performers	Felege Hiwot	Werada 7

Table showing *Root Cause* Analysis: Why Did Some Centers Perform Poorly?

S. N	Possible Factor	Impact on Screening
1	Low awareness & education	Women may not see screening as necessary.
2	Cultural stigma & fear	Misconceptions and fear of screening deter participation.
3	Resource & staff shortages	Some centers may lack trained personnel or equipment.
4	Accessibility issues	Remote locations or long wait times discourage women.
5	Targeting approach	Special Campaign targeted high-risk groups, leading to better results.

7. GAPS IDENTIFIED IN WINGS OF HEALING'S OPERATIONS

- Limited support, follow-up, and monitoring of intervention health facilities.
- Delays in receiving reports.

- Delayed, Inconsistent and inadequate supply of medical supplies.

8. CONCLUSION

Both the regular and special campaigns face challenges in achieving their targets but have demonstrated varying levels of success. The regular campaign benefits from consistent infrastructure but struggles with uniform performance across health centers. In contrast, the special campaign excels in identifying high-risk individuals but faces logistical and social barriers in reaching its goals.

To improve outcomes:

- Address underperformance through targeted support for struggling health centers.
- Scale up successful strategies from top performers.
- Enhance community engagement and reduce stigma, particularly in the special campaign.
- Accelerate testing efforts to close the gap in remaining tests before the deadline.

9. RECOMMENDATIONS FOR FUTURE IMPROVEMENT:

☐ • Enhance Capacity & Resources

- Boost underperforming centers (e.g., Felege Hiwot, Meri HC) with more staff/equipment.
- Adjust resources (staffing, funding, outreach) based on targets.
- Streamline with protocols (e.g., mobile clinics, scheduling) to cut bottlenecks.

☐ • Raise Awareness & Engagement

- Run education campaigns via local media, social workers, and leaders.
- Address myths to reduce stigma.
- Use community health workers to boost participation.

☐ • Improve Screening Access

- Set up mobile units in remote areas.
- Provide incentives/transport for hard-to-reach women.
- Offer evening/weekend screenings for working women.

☐ • Strengthen Health Centers

- Ensure staffing at all centers, especially low performers.
- Supply extra screening equipment where needed.
- Standardize efficient processes.

☐ • Scale Targeted Outreach

- Target high-risk groups (e.g., factory workers, urban poor) like the Special Campaign (61.5% coverage).
- Expand outreach to high-risk groups in Regular Campaign.

- Apply best practices from top sites (e.g., Hiwot Amba, Addis Raey).
- • **Integrate HIV/STI Care**
 - Link HIV/STI cases to treatment, especially in high-burden areas (e.g., Afencho Ber, Efoyeta).
- • **Monitor & Adjust**
 - Track progress weekly with dashboards.
 - Intervene quickly at lagging sites (e.g., Wereda 7).